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# Health Reports







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# Preface

Health Reports is a list of health products, including reports and testimonies, issued by the General Accounting Office (GAO) over the past 2 years. Organized chronologically, the entries provide a title, report number, and issue date for each GAO health product. Reports and testimonies on the same topic may be combined into a single entry.

The first section—Recent GAO Products—summarizes reports and testimonies on selected health issues published from June through October 1992. The summaries are followed by a list of additional products published during the same period. The remainder of Health Reports is a list of health products published from October 1990 through October 1992 organized by subject areas as shown in the table of contents. As appropriate, entries have been cross-indexed and are included in more than one subject area. An order form to be placed on our mailing list for Health Reports and an order form to request GAO products appear at the end of this document.

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## Appendixes



### Abbreviations

| | |
|---|---|
| ADMS | Alcohol, Drug Abuse and Mental Health Services |
| ADP | automatic data processing |
| AIDS | acquired immunodeficiency syndrome |
| CDC | Centers for Disease Control |
| CHAMPUS | Civilian Health and Medical Program of the Uniformed Services |
| CPI | Consumer Price Index |
| DOD | Department of Defense |
| ERISA | Employee Retirement Income Security Act of 1974 |
| FDA | Food and Drug Administration |
| GAO | General Accounting Office |
| HCFA | Health Care Financing Administration |
| HHS | Department of Health and Human Services |
| HIV | human immunodeficiency virus |
| HMO | health maintenance organization |
| NAIC | National Association of Insurance Commissioners |
| OSHA | Occupational Safety and Health Administration |
| PRO | peer review organization |
| USDA | Department of Agriculture |
| VA | Department of Veterans Affairs |
| WIC | Special Supplemental Food Program for Women, Infants, and Children |

# Recent GAO Products (June-Oct. 1992)

## Summaries of Selected Reports

Prescription Drugs: Companies Typically Charge More in the United States Than in Canada (Report, Sept. 30, 1992, GAO/HRD-92-110).

Manufacturers' prices to wholesalers for identical prescription drugs are typically higher in the United States than in Canada. The price differences are largely attributable to actions taken by Canada's federal and provincial governments to restrain drug prices, not to any differences in manufacturers' costs in the two countries. The implications of adopting Canadian regulations in the United States are in dispute. It is not clear how such regulations would affect manufacturers' ability to develop innovative drug products.

Employer-Based Health Insurance: High Costs, Wide Variation Threaten System (Report, Sept. 22, 1992, GAO/HRD-92-125).

Many employers are facing rapidly increasing health insurance premiums and are frustrated by their unsuccessful efforts to contain health care costs. Firms most vulnerable to rising health costs are those whose health insurance plans offer extensive benefits and cover a large number of retirees or dependents; those whose workers are older, less healthy, or earning higher incomes; those with relatively few workers; and those in high health-cost areas. Individual firms can do little to lower their health care costs because they cannot readily change their size, location, or employee demographics.

Hospital Costs: Adoption of Technologies Drives Cost Growth (Report, Sept. 9, 1992, GAO/HRD-92-120).

From 1980 through 1989, hospital costs increased 63 percent after adjusting for inflation. Whereas the impact of each of the contributing factors cannot be quantified precisely, the single most important was the rapid adoption of new medical technology. Acquired immunodeficiency syndrome (AIDS) and the costs of malpractice insurance were not major reasons for hospital cost growth in the 1980s. Although administrative costs played a larger role, their contribution could not be precisely calculated with existing data.

Medicare: One Scheme Illustrates Vulnerabilities to Fraud (Report, Aug. 26, 1992, GAO/HRD-92-76).

The case study of the rolling labs scheme illustrates the vulnerability of Medicare and other health insurers to health care fraud. Investigators

believe that this scheme, initially rooted in the Medicare program, is the largest case of health care fraud ever identified. Since the early 1980s, the scheme grew to involve hundreds of physicians and numerous medical laboratories and an estimated $1 billion in fraudulent claims to public and private insurers. The report highlights some of the lessons learned by health insurers in their efforts to address fraud.

Prescription Drugs: Changes in Prices for Selected Drugs (Report, Aug. 24, 1992, GAO/HRD-92-128).

GAO examined recent price increases for 29 widely used drug products purchased by pharmacies and the Department of Veterans Affairs (VA). From 1985 to 1991, prices for nearly all of the products increased more than the three consumer price indexes. During this period, the maximum price increase for each product generally exceeded 100 percent, with some prices increasing more than 200 percent. During this same period, the all item Consumer Price Index (CPI) increased by 26.2 percent, the medical care CPI increased by 56.3 percent, and the prescription drug CPI increased by 67 percent.

Medicaid Prescription Drug Diversion: A Major Problem, but State Approaches Offer Some Promise (Testimony, July 29, 1992, GAO/T-HRD-92-48).

The fraudulent reselling of prescription drugs is a prevalent type of Medicaid fraud that state Medicaid agencies are beginning to address more actively. A common fraud scheme involves "pill mills"—that is, a doctor's office, clinic, or pharmacy whose principal business is the illegal diversion of prescription drugs. Officials in 21 states cite such drug diversion as a major problem. Pill mills remain particularly resistant to enforcement efforts. Recent state initiatives offer considerable potential for overcoming stumbling blocks, curbing diversion, and recovering financial losses.

Health Insurance: More Resources Needed to Combat Fraud and Abuse (Testimony, July 28, 1992, GAO/T-HRD-92-49). Report on same topic (May 7, 1992, GAO/HRD-92-69). Testimonies on same topic (Sept. 10, 1992, GAO/T-HRD-92-56, and May 7, 1992, GAO/T-HRD-92-69).

The size of the health care sector and sheer volume of money involved make it an attractive target for fraud and abuse. Profiteers are able to stay ahead of those who pay claims, in part, because of the obstacles to preventing and pursuing dishonest practices. Once detected, fraud is expensive and slow to pursue. The two federal agencies significantly

involved in pursuing health care fraud cite resources as a problem. Because of the complexity involved in overcoming structural issues, GAO asked the Congress to consider establishing a national commission to develop comprehensive solutions to health insurance fraud and abuse.

Prescription Drug Monitoring: States Can Readily Identify Illegal Sales and Use of Controlled Substances (Report, July 21, 1992, GAO/HRD-92-115).

Prescription drug monitoring programs save investigators' time and improve their productivity by providing information that allows them to identify potential cases of drug diversion. Prescription drug monitoring programs were not designed to measure their effect on reducing health care costs; however, 2 of the 10 states have reduced state Medicaid prescription drug costs by an estimated $27 million over 2 years and $440,000 for 1 year. Claims by medical, pharmaceutical, and patient organizations that prescription drug monitoring programs adversely affect a physician's ability to practice medicine or compromise patient care or confidentiality have not been sustained.

Medicare: Program and Beneficiary Costs Under Durable Medical Equipment Fee Schedules (Report, July 7, 1992, GAO/HRD-92-78).

The durable medical equipment fee schedules established under the Omnibus Budget Reconciliation Act of 1987 (P.L. 100-203) resulted in both Medicare and its beneficiaries paying more than they would have under the former system. For the high-volume items we reviewed, 1989 Medicare costs increased 17 percent. When revisions in the Omnibus Budget Reconciliation Act of 1990 (P.L. 101-508) are fully implemented, Medicare payments will return to the same level that would have been incurred under the former system.

VA Health Care for Women: Despite Progress, Improvements Needed (Testimony, July 2, 1992, GAO/T-HRD-92-33). Testimony on same topic (June 19, 1992, GAO/T-HRD-92-42). Report on same topic (Jan. 23, 1992, GAO/HRD-92-23).

VA has made significant progress since 1982 toward ensuring that female veterans have equal access to health care as male veterans. However, some problems remain in caring for female veterans. Physical examinations, including cancer screening, continue to be sporadic. VA medical centers are inadequately monitoring in-house mammography

programs to ensure compliance with American College of Radiology quality standards.

Elderly Americans: Health, Housing, and Nutrition Gaps Between the Poor and Nonpoor (Report, June 24, 1992, GAO/PEMD-92-29). Testimony on same topic (June 24, 1992, GAO/T-PEMD-92-10).

Although nearly all elderly persons had health insurance coverage through Medicare, poor elderly persons (1) were less likely to have private health insurance coverage to supplement Medicare, (2) spent a much higher percentage of their income on out-of-pocket health care expenses for noninstitutional care, and (3) were more likely to suffer from acute and chronic conditions than were nonpoor elderly persons. Moreover, only about 1 in 3 poor elderly persons were enrolled in Medicaid—the nation's health insurance program for the poor.

Long-Term Care Insurance: Actions Needed to Reduce Risks to Consumers (Testimony, June 23, 1992, GAO/T-HRD-92-44). Reports on same topic (Mar. 27, 1992, GAO/HRD-92-66, and Dec. 26, 1991, GAO/HRD-92-14). Testimony on same topic (May 20, 1992, GAO/T-HRD-92-31).

GAO and others have identified significant problems with long-term care insurance policies and the standards that govern them. GAO has also identified problems with insurance companies selling long-term care insurance to low-income people. The National Association of Insurance Commissioners (NAIC) has developed model standards for long-term care insurance. Consumers, however, are still vulnerable to considerable risks because (1) many states and insurance companies have not adopted all the NAIC standards, (2) NAIC standards do not sufficiently address several features of long-term care insurance that have important consequences for consumers, and (3) low-income people who purchased this expensive insurance may be covered by a government program such as Medicaid.

Medicaid: Oregon's Managed Care Program and Implications for Expansions (Report, June 19, 1992, GAO/HRD-92-89).

Oregon's Medicaid managed care program has avoided many of the problems identified in other states. The current program, while generally sound, could be improved by (1) ensuring that efforts to improve child health screening services receive high priority, (2) revising its client satisfaction surveys, (3) intensifying its oversight of health plan solvency, and (4) requiring better financial information from the plans. Regarding

the proposed demonstration, GAO is concerned that Oregon may not be able to recruit enough managed care providers within the first year to ensure access to health services for the quickly expanding managed care population.

Access to Health Care: States Respond to Growing Crisis (Report, June 16, 1992, GAO/HRD-92-70). Testimony on same topic (June 9, 1992, GAO/T-HRD-92-40 and Sept. 9, 1992, GAO/T-HRD-92-55).

States have taken a leadership role in devising strategies to expand access to health insurance and contain the growth of health costs. A difficult hurdle to overcome, however, is the restrictions imposed by the preemption clause of ERISA. This clause effectively prevents states from exercising control over all employer-provided insurance. Hawaii is the only state with an exemption, in part because its law requiring employer-provided health insurance took effect before ERISA was enacted. Other states have tried to move toward coverage of all their citizens within ERISA's constraints. Some state initiatives have been more narrowly focused, creating programs to assist specific groups. State budgetary constraints, however, have limited these programs to serving a small fraction of the uninsured population.

Durable Medical Equipment: Specific HCFA Criteria and Standard Forms Could Reduce Medicare Payments (Report, June 12, 1992, GAO/HRD-92-64).

The Health Care Financing Administration (HCFA) could reduce Medicare expenditures on certain durable medical equipment by developing more detailed coverage criteria that give carriers a clear, well-defined, objective basis for paying or denying claims. To save additional Medicare funds, HCFA could also develop medical necessity certification forms for equipment subject to unnecessary payments.

Screening Mammography: Federal Quality Standards Are Needed (Testimony, June 5, 1992, GAO/T-HRD-92-39).

GAO reported in Screening Mammography: Low-Cost Services Do Not Compromise Quality (Jan. 10, 1990, GAO/HRD-90-32) that many screening mammography providers surveyed lacked the quality assurance programs needed to ensure safe and accurate mammograms for women. GAO also identified a need for strong federal standards to assure quality of screening mammography. The Congress required the Secretary of HHS to establish quality standards for mammography providers serving the Medicare

population. Of significant concern, however, are the 30 million women not eligible for Medicare who should obtain regular screening and are not necessarily protected by federal quality standards.

Childhood Immunization: Opportunities to Improve Immunization Rates at Lower Cost (Testimony, June 1, 1992, GAO/T-HRD-92-36).

Childhood immunization is one of the most effective means of health promotion and disease prevention. It could avert the costs of treatment for preventable diseases and save as much as $14 for every $1 invested. Yet GAO found that the average preschool full immunization rate among the states was 59 percent in 1990. According to the Centers for Disease Control (CDC), only about one-third of all urban preschool children are fully immunized. States told GAO that funding for purchasing and distributing CDC contract vaccines is a major barrier. Furthermore, implementing a system to handle, store, and distribute vaccines requires additional spending and also expands the states' traditional public health role.

Long-Term Care Insurance Partnerships (Letter, Sept. 25, 1992, GAO/HRD-92-44R).

HHS approved an amendment to Connecticut's Medicaid plan that allows the state to implement a long-term care insurance plan sponsored by the Robert Wood Johnson Foundation, because it had no grounds for disapproving the plan. GAO believes HHS's decision is a reasonable interpretation of the law (title XIX of the Social Security Act). Concerning the federal role in protecting consumers, there are no federal consumer protection standards for long-term care insurance.

## t of Additional GAO alth Products ued Between June l October 1992

Defense Health Care: Physical Exams and Dental Care Following the Persian Gulf War (Report, Oct. 15, 1992, GAO/HRD-93-5).

Trauma Care Reimbursement: Poor Understanding of Losses and Coverage for Undocumentated Aliens (Report, Oct. 15, 1992, GAO/PEMD-93-1).

Occupational Safety and Health: Uneven Protections Provided to Congressional Employees (Report, Oct. 2, 1992, GAO/HRD-93-1).

AIDS: CDC's Investigation of HIV Transmissions by a Dentist (Report, Sept. 29, 1992, GAO/PEMD-92-31).

VA Health Care: Use of Private Providers Should Be Better Controlled (Report, Sept. 28, 1992, GAO/HRD-92-109).

Medicare: HCFA Monitoring of the Quality of Part B Claims Processing (Testimony, Sept. 23, 1992, GAO/T-PEMD-92-14).

Social Security: Racial Difference in Disability Decisions Warrants Further Investigation (Testimony, Sept. 22, 1992, GAO/T-HRD-92-41). Report on same topic (Apr. 21, 1992, GAO/HRD-92-56).

VA Health Care: Verifying Veterans' Reported Income Could Generate Millions in Copayment Revenues (Report, Sept. 15, 1992, GAO/HRD-92-159).

Health Insurance: Medicare and Private Payers Are Vulnerable to Fraud and Abuse (Testimony, Sept. 10, 1992, GAO/T-HRD-92-56).

Cancer Treatment: Actions Taken to More Fully Utilize the Bark of Pacific Yews on Federal Land (Report, Aug. 31, 1992, GAO/RCED-92-231).

Occupational Safety and Health: Improvements Needed in OSHA's Monitoring of Federal Agencies' Programs (Report, Aug. 28, 1992, GAO/HRD-92-97).

Food Safety and Quality: USDA Improves Inspection Program for Canadian Meat, But Some Concerns Remain (Report, Aug. 26, 1992, GAO/RCED-92-250).

D.C. Government: District Medicaid Payments to Hospitals (Report, Aug. 24, 1992, GAO/GGD-92-138FS).

Operation Desert Storm: Full Army Medical Capability Not Achieved (Report, Aug. 18, 1992, GAO/NSIAD-92-175).

VA Health Care: Offsetting Long-Term Care Costs by Adopting State Copayment Practices (Report, Aug. 12, 1992, GAO/HRD-92-96).

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Recombinant Bovine Growth Hormone: FDA Approval Should Be Withheld Until the Mastitis Issue Is Resolved (Report, Aug. 6, 1992, GAO/PEMD-92-26).

Women's Health Information: HHS Lacks an Overall Strategy (Testimony, Aug. 5, 1992, GAO/T-HRD-92-51).

VA Health Care: Inadequate Controls Over Scarce Medical Specialist Contracts (Testimony, Aug. 5, 1992, GAO/T-HRD-92-50). Report on same topic (July 29, 1992, GAO/HRD-92-114).

VA Health Care: Role of the Chief of Nursing Service Should Be Elevated (Report, Aug. 4, 1992, GAO/HRD-92-74).

Elderly Americans: Nutrition Information Is Limited and Guidelines Are Lacking (Testimony, July 30, 1992, GAO/T-PEMD-92-11).

Employee Benefits: Financing Health Benefits of Coal Industry Retirees (Report, July 22, 1992, GAO/HRD-92-137FS).

Employee Benefits: Financing Health Benefits of Retired Coal Miners (Report, July 22, 1992, GAO/HRD-92-130FS).

Medicare: Reimbursement Policies Can Influence the Setting and Cost of Chemotherapy (Report, July 17, 1992, GAO/PEMD-92-28).

Health Care: Most Community and Migrant Health Center Physicians Have Hospital Privileges (Report, July 16, 1992, GAO/HRD-92-98).

Public/Private Elder Care Partnerships: Balancing Benefit and Risk (Testimony, July 9, 1992, GAO/T-HRD-92-45). Report on same topic (July 7, 1992, GAO/HRD-92-94).

Federal Health Benefits Program: Open Season Processing Timeliness (Report, July 8, 1992, GAO/GGD-92-122BR).

Practitioner Data Bank: Information on Small Medical Malpractice Payments (Report, July 7, 1992, GAO/IMTEC-92-56).

VA Health Care: Alternative Health Insurance Reduces Demand for VA Health Care (Report, June 30, 1992, GAO/HRD-92-79).

Medicaid: Factors to Consider in Managed Care Programs (June 29, 1992, Testimony, GAO/T-HRD-92-43).

VA Health Care: Copayment Exemption Procedures Should Be Improved (Report, June 24, 1992, GAO/HRD-92-77).

Foreign Assistance: Combating HIV/AIDS in Developing Countries (Report, June 19, 1992, GAO/NSIAD-92-244).

Medicaid: Ensuring That Noncustodial Parents Provide Health Insurance Can Save Costs (Report, June 17, 1992, GAO/HRD-92-80).

Administration on Aging: Operations Have Been Strengthened but Weaknesses Remain (Report, June 11, 1992, GAO/PEMD-92-27). Testimony on same topic (June 11, 1992, GAO/T-PEMD-92-9).

VA Health Care: Delays in Awarding Major Construction Contracts (Report, June 11, 1992, GAO/HRD-92-111).

VA Health Care: Efforts to Improve Pharmacies' Controls Over Addictive Drugs (Testimony, June 10, 1992, GAO/T-HRD-92-38).

Employee Drug Testing: Estimated Cost to Test All Executive Branch Employees and New Hires (Report, June 10, 1992, GAO/GGD-92-99).

Health Care: VA's Implementation of the Nurse Pay Act of 1990 (Testimony, June 3, 1992, GAO/T-HRD-92-35).

VA Health Care: The Quality of Care Provided by Some VA Psychiatric Hospitals Is Inadequate (Testimony, June 3, 1992, GAO/T-HRD-92-37). Report on same topic (Apr. 22, 1992, GAO/HRD-92-17).

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Access to Health Care: States Respond to Growing Crisis (Report, June 16, 1992, GAO/HRD-92-70). Testimonies on same topic (June 9, 1992, GAO/T-HRD-92-40, and Sept. 9, 1992, GAO/T-HRD-92-55).

Federally Funded Health Services: Information on Seven Programs Serving Low-Income Women and Children (Report, May 28, 1992, GAO/HRD-92-73FS).

Access to Health Insurance: States Attempt to Correct Problems in Small Business Health Insurance Market (Report, May 14, 1992, GAO/HRD-92-90). Testimony on same topic (May 14, 1992, GAO/T-HRD-92-30).

Early Intervention: Federal Investments Like WIC Can Produce Savings (Report, Apr. 7, 1992, GAO/HRD-92-18).

Maternal and Child Health: Block Grant Funds Should Be Distributed More Equitably (Report, Apr. 2, 1992, GAO/HRD-92-5).

Health Care: Problems and Potential Lessons for Reform (Testimony, Mar. 27, 1992, GAO/T-HRD-92-23).

Small Group Market Reforms: Assessment of Proposals to Make Health Insurance More Readily Available to Small Businesses (Letter, Mar. 12, 1992, GAO/HRD-92-27R).

Medigap Insurance: Insurers Whose Loss Ratios Did Not Meet Federal Minimum Standards in 1988-89 (Report, Feb. 28, 1992, GAO/HRD-92-54).

Health Care Spending: Nonpolicy Factors Account for Most State Differences (Report, Feb. 13, 1992, GAO/HRD-92-36).

Federal Health Benefits Program: Stronger Controls Needed to Reduce Administrative Costs (Report, Feb. 12, 1992, GAO/GGD-92-27).

Budget Issues: 1991 Budget Estimates: What Went Wrong (Report, Jan. 15, 1992, GAO/OCG-92-1).

Hispanic Access to Health Care: Significant Gaps Exist (Report, Jan. 15, 1992, GAO/PEMD-92-6). Testimony on same topic (Sept. 19, 1991, GAO/T-PEMD-91-13).

Health Care Spending Control: The Experience of France, Germany, and Japan (Report, Nov. 15, 1991, GAO/HRD-92-9). French and German translations available (Nov. 15, 1991, GAO/HRD-92-9ES). Testimony on same topic (Nov. 19, 1991, GAO/T-HRD-92-12).

Off-Label Drugs: Reimbursement Policies Constrain Physicians in Their Choice of Cancer Therapies (Report, Sept. 27, 1991, GAO/PEMD-91-14).

States Need More Department of Labor Help to Regulate Multiple Employer Welfare Arrangements and Correct Problems (Testimony, Sept. 17, 1991, GAO/T-HRD-91-47).

Managed Care: Oregon Program Appears Successful but Expansion Should Be Implemented Cautiously (Testimony, Sept. 16, 1991, GAO/T-HRD 91-48).

Rural Hospitals: Closures and Issues of Access (Testimony, Sept. 4, 1991, GAO/T-HRD-91-46).

Nonprofit Hospitals: Better Standards Needed for Tax Exemption (Testimony, July 10, 1991, GAO/T-HRD-91-43). Report on same topic (May 30, 1990, GAO/HRD-90-84).

Private Health Insurance: Problems Caused by a Segmented Market (Report, July 2, 1991, GAO/HRD-91-114). Testimony on same topic (May 2, 1991, GAO/T-HRD-91-21).

U.S. Health Care Spending: Trends, Contributing Factors, and Proposals for Reform (Report, June 10, 1991, GAO/HRD-91-102). French and German translations available (June 10, 1991, GAO/HRD-91-102). Testimony on same topic (Apr. 17, 1991, GAO/T-HRD-91-16).

Canadian Health Insurance: Lessons for the United States (Report, June 4, 1991, GAO/HRD-91-90). Testimony on same topic (June 4, 1991, GAO/T-HRD-91-35).

Trauma Care: Lifesaving System Threatened by Unreimbursed Costs and Other Factors (Report, May 17, 1991, GAO/HRD-91-57).

Retiree Health: Company-Sponsored Plans Facing Increased Costs and Liabilities (Testimony, May 6, 1991, GAO/T-HRD-91-25).

Workers at Risk: Increased Numbers in Contingent Employment Lack Insurance, Other Benefits (Report, Mar. 8, 1991, GAO/HRD-91-56).

Medigap Insurance: Better Consumer Protection Should Result From 1990 Changes to Baucus Amendment (Report, Mar. 5, 1991, GAO/HRD-91-49).

Rural Hospitals: Federal Efforts Should Target Areas Where Closures Would Threaten Access to Care (Report, Feb. 15, 1991, GAO/HRD-91-41).

Health Insurance Coverage: A Profile of the Uninsured in Selected States (Report, Feb. 8, 1991, GAO/HRD-91-31FS).

Home Visiting: A Promising Early Intervention Service Delivery Strategy (Testimony, Oct. 2, 1990, GAO/T-HRD-91-02). Report on same topic (July 11, 1990, GAO/HRD-90-83).

# Medicare and Medicaid

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Health Insurance: Medicare and Private Payers Are Vulnerable to Fraud and Abuse (Testimony, Sept. 10, 1992, GAO/T-HRD-92-56).

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Medicaid: Factors to Consider in Managed Care Programs (Testimony, June 29, 1992, GAO/T-HRD-92-43).

Elderly Americans: Health, Housing, and Nutrition Gaps Between the Poor and Nonpoor (Report, June 24, 1992, GAO/PEMD-92-29). Testimony on same topic (June 24, 1992, GAO/T-PEMD-92-10).

Medicaid: Oregon's Managed Care Program and Implications for Expansions (Report, June 19, 1992, GAO/HRD-92-89).

Medicaid: Ensuring That Noncustodial Parents Provide Health Insurance Can Save Costs (Report, June 17, 1992, GAO/HRD-92-80).

Durable Medical Equipment: Specific HCFA Criteria and Standard Forms Could Reduce Medicare Payments (Report, June 12, 1992, GAO/HRD-92-64).

Medicare: Excessive Payments Support the Proliferation of Costly Technology (Report, May 27, 1992, GAO/HRD-92-59).

Contractor Oversight and Funding Need Improvement (Testimony, May 21, 1992, GAO/T-HRD-92-32).

Medicaid: Factors to Consider in Expanding Managed Care Programs (Testimony, Apr. 10, 1992, GAO/T-HRD-92-26).

Medicare: Shared Systems Policy Inadequately Planned and Implemented (Report, Mar. 18, 1992, GAO/IMTEC-92-41). Testimony on same topic (Mar. 18, 1992, GAO/T-IMTEC-92-11).

Medicare: Payments for Medically Directed Anesthesia Services Should Be Reduced (Report, Mar. 3, 1992, GAO/HRD-92-25).

Medicare: Over $1 Billion Should Be Recovered From Primary Health Insurers (Report, Feb. 21, 1992, GAO/HRD-92-52).

Medicare: Rationale for Higher Payment for Hospital-Based Home Health Agencies (Report, Jan. 31, 1992, GAO/HRD-92-24).

Medicare: Third Status Report on Medicare Insured Group Demonstration Projects (Report, Jan. 29, 1992, GAO/HRD-92-53).

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Significant Reductions in Corporate Retiree Health Liabilities Projected if Medicare Eligibility Age Lowered to 60 (Testimony, Nov. 5, 1991, GAO/T-HRD-92-7).

Medicare: Millions of Dollars in Mistaken Payments Not Recovered (Report, Oct. 21, 1991, GAO/HRD-92-26).

Medicare: Improper Handling of Beneficiary Complaints of Provider Fraud and Abuse (Report, Oct. 2, 1991, GAO/HRD-92-1). Testimony on same topic (Oct. 2, 1991, GAO/T-HRD-92-2).

Medicaid: Changes in Drug Prices Paid by VA and DOD Since Enactment of Rebate Provisions (Report, Sept. 18, 1991, GAO/HRD-91-139).

Health Care: Actions to Terminate Problem Hospitals From Medicare Are Inadequate (Report, Sept. 5, 1991, GAO/HRD-91-54).

Medicare: Information Needed to Assess Payments to Providers (Report, Aug. 8, 1991, GAO/HRD-91-113).

Medicaid Expansions: Coverage Improves but State Fiscal Problems Jeopardize Continued Progress (Report, June 25, 1991, GAO/HRD-91-78).

Substance Abuse Treatment: Medicaid Allows Some Services but Generally Limits Coverage (Report, June 13, 1991, GAO/HRD-91-92).

Medicare: Further Changes Needed to Reduce Program Costs (Testimony, June 13, 1991, GAO/T-HRD-91-34). Report on same topic (May 15, 1991, GAO/HRD-91-67).

Medicare: Payments for Clinical Laboratory Test Services Are Too High (Report, June 10, 1991, GAO/HRD-91-59).

Medicare: Flawed Data Add Millions to Teaching Hospital Payments (Report, June 4, 1991, GAO/IMTEC-91-31).

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# Major Contributors

## Human Resources Division, Washington, D.C.

Sibyl L. Tilson, Assignment Manager
David W. Bieritz, Evaluator-in-Charge
La Toria E. Allen, Production Assistant

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